

**Provider Name:**\_\_\_\_\_

**COMMUNITY SERVICES BUREAU  
PART A  
FISCAL YEAR 2016 BONUS PAYMENT FORM**

			FY 2016	as of July 1, 2015													
Code #	Code Description		A	B	C	D	E	F	G	H	I	J					
Worker Type	Worker Type		Total Bonus Distribution per Worker	Estimated Benefits per Worker	Total Bonus and Benefits per worker	FTE	Number of Employees	TOTAL BONUS COLUMNS A X E	TOTAL BENEFITS COLUMN B x E	TOTAL BONUS AND BENEFITS COLUMN C x E	PHASE I DISTRIBUTION DATE (7/1/15-12/31/15)	PHASE II DISTRIBUTION DATE (1/1/16- 6/30/16)					
				Circle One: \$ or %													
1	AB CFC/PAS																
2	SD CFC/PAS																
3	HCBS PAS/SDPAS																
4	HM																
5	RESPITE																
6	STA																
7	BSBS																
	TOTALS																
	Worker Type: For each worker type complete Columns A through J.																
	Column A: Identify the Total Bonus Distribution per worker for each direct care worker. If distribution is based on longevity, hours worked etc. provide the average bonus amount.																
	Column B: Identify the estimated cost of benefits per worker based on the Bonus Distribution in Column A. Circle whether you are using dollars (\$) or percents (%).																
	Column C: Identify the Total Bonus Distribution and Estimated Benefits per worker. If you used amount paid in column B add Column A+B. If you used a % in column B multiple Column B and A and then add Column A.																
	Column D: Identify the Actual Full Time Equivalents (FTEs) for each worker type (divide the number of hours provided for the year by 2080).																
	Column E: Indicate the number of employees (people) that fill the FTEs in column D																
	Column F: Multiply column A by column E.																
	Column G: Multiply column B by column E.																
	Column H: Multiply column C by column E																
	Column I: Indiate total amount agency will distribute in Phase I (Column H).																
	Column J: Indiate total amount agency will distribute in Phase I (Column H).																
	Total: Indicate the totals for Column D-G. Be sure to report non-duplicate workers for Column E!																